

CMS-10434 OMB 0938-1188

### Package Information

**Package ID** MI2017MS0001O  
**Program Name** N/A  
**SPA ID** MI-17-0100  
**Version Number** 1  
**Submitted By** Erin Black  
**Milestone Date** 12/30/2017  
**Priority Code**

**Submission Type** Official  
**State** MI  
**Region** Chicago, IL  
**Package Status** Review  
**Submission Date** 12/18/2017  
**Regulatory Clock** 88 days remain  
**Review Status** Review 1

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MI2017MS0001O | MI-17-0100

Not Started

In Progress

Complete

### Package Header

**Package ID** MI2017MS0001O  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** MI-17-0100  
**Initial Submission Date** 12/18/2017  
**Effective Date** N/A

**Reviewable Unit Instructions**

### State Information

**State/Territory Name:** Michigan

**Medicaid Agency Name:** Michigan Department of Health and Human Services

### Submission Component

State Plan Amendment

Medicaid

CHIP

### Submission Type

Official Submission Package

Draft Submission Package

**Allow this official package to be viewable by other states?**

Yes

No

### Key Contacts

Name	Title	Phone Number	Email Address
Black, Erin	Federal Liaison, Medical Services Administration	(517)284-1192	blacke@michigan.gov

### SPA ID and Effective Date

**SPA ID** MI-17-0100

Reviewable Unit	Proposed Effective Date
MAGI-Based Methodologies	11/1/2017

### Executive Summary

**Summary Description Including Goals and Objectives** Updates language to reflect federal guidance related to the Medicaid eligibility redetermination process. This update does not impact the current eligibility redetermination process.

### Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review

## Disaster-Related Submission

This submission is related to a disaster

- Yes
- No

## Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

1902(e)(14) 42 CFR 435.603

## Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Kathleen Stiffler, Acting Director  
Medical Services Administration

## Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

**Name of Authorized Submitter** Erin Black  
**Phone number** 5172841192  
**Email address** blacke@michigan.gov

**Authorized Submitter's Signature** Erin Black

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MI2017MS0001O | MI-17-0100

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	MI2017MS0001O	<b>SPA ID</b>	MI-17-0100
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/18/2017
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MI2017MS0001O | MI-17-0100

Not Started

In Progress

Complete

## Package Header

**Package ID** MI2017MS0001O

**SPA ID** MI-17-0100

**Submission Type** Official

**Initial Submission Date** 12/18/2017

**Approval Date** N/A

**Effective Date** N/A

**Superseded SPA ID** N/A

### Reviewable Unit Instructions

**One or more Indian health programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations**

- Yes
- No

**Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations**

The SPA is simply updating the State Plan per federal regulation and consistent with our existing redetermination process.

- Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
- The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

- All Indian Health Programs
- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
9/29/2017	Michigan's Tribal Notification letter dated September 29, 2017

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	Type
L 17-41	12/7/2017 4:47 PM EST	

**Indicate the key issues raised (optional)**

- Access
- Quality

- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

## Medicaid State Plan Eligibility

### MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | MI2017MS0001O | MI-17-0100

Not Started

In Progress

Complete

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/18/2017
<b>Approval Date</b>	N/A	<b>Effective Date</b>	11/1/2017
<b>Superseded SPA ID</b>	13-0110		
	System-Derived		

#### Reviewable Unit Instructions

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

#### A. Household Composition

- In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
- In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
  - a. The pregnant woman is counted just as herself.
  - b. The pregnant woman is counted as herself, plus one.
  - c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
- In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
  - a. Age 19
  - b. Age 19, or in the case of full-time students, age 21

#### B. Household Income

Financial eligibility is determined consistent with the following provisions:

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
  - a. Current monthly household income and family size
  - b. Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
  - Yes  No

- a. Include a prorated portion of a reasonably predictable increase in future income and/or family size.

#### The methodology used by the state to account for and verify such change is:

If an applicant is aware of a reasonably predictable increase in income (i.e. a seasonal worker) they can fill out the projected annual income field on Michigan's application. Additionally, a beneficiary that experiences any changes in their income or family size can report it to the Department at any time to have this change taken into account. The Department attempts to electronically verify any income reported on an application or through the change process in accordance with the State's verification plan. If verification cannot be completed electronically paper verification from the applicant/beneficiary is requested.

- b. Account for a reasonably predictable decrease in future income and/or family size.

**The methodology used by the state to account for and verify such change is:**

If an applicant is aware of a reasonably predictable decrease in income (i.e. a seasonal worker) they can fill out the projected annual income field on Michigan's application. Additionally, a beneficiary that experiences any changes in their income or family size can report it to the Department at any time to have this change taken into account. The Department attempts to electronically verify any income reported on an application or through the change process in accordance with the State's verification plan. If verification cannot be completed electronically paper verification from the applicant/beneficiary is requested.

4. MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.

5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

6. In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.

7. Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

Yes  No

### C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

### D. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

September 29, 2017

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Medicaid Eligibility State Plan Amendment Update

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment.

The purpose of the State Plan Amendment is to reflect federal guidance related to the Medicaid eligibility redetermination process. This update will not impact Michigan's current eligibility redetermination process. This change is anticipated to have little or no impact on Tribal Members. The anticipated effective date of this State Plan Amendment is November 1, 2017.

There is no public hearing scheduled for this State Plan Amendment. Input regarding this Amendment is highly encouraged, and comments regarding this Notice of Intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan Tribes. Lorna can be reached at 517-284-4034, or via email at [Elliott-EganL@michigan.gov](mailto:Elliott-EganL@michigan.gov). **Please provide all input by November 13, 2017.**

In addition, MDHHS is offering to set up group or individual meetings for the purpose of consultation in order to discuss this Amendment, according to the tribes' preference. This consultation meeting will allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long, sweeping underline.

Chris Priest, Director  
Medical Services Administration

cc: Keri Toback, Region V, CMS  
Leslie Campbell, Region V, CMS  
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family  
Services of Southeastern Michigan  
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.  
Keith Longie, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 17-41**  
**September 29, 2017**

Mr. Levi Carrick, Sr., Tribal Chairman, Bay Mills Indian Community  
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)  
Mr. Thurlow Samuel McClellan, Chairman, Grand Traverse Band Ottawa & Chippewa Indians  
Ms. Ruth Bussey, Health Director, Grand Traverse Band Ottawa/Chippewa  
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community  
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center  
Mr. Warren C. Swartz, Jr., President, Keweenaw Bay Indian Community  
Ms. Carole LaPointe, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility  
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians  
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band  
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians  
Mr. Donald MacDonald, Health Director, Little River Band of Ottawa Indians  
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians  
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa  
Mr. Scott Sprague, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)  
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi  
Mr. Jamie Struck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians  
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department  
Mr. John Warren, Tribal Chairman, Pokagon Band of Potawatomi Indians  
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services  
Mr. Frank Cloutier, Tribal Chief, Saginaw Chippewa Indian Tribe  
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center  
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians  
Mr. Joel Lumzden, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, Region V, CMS  
Leslie Campbell, Region V, CMS  
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan  
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.  
Keith Longie, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS